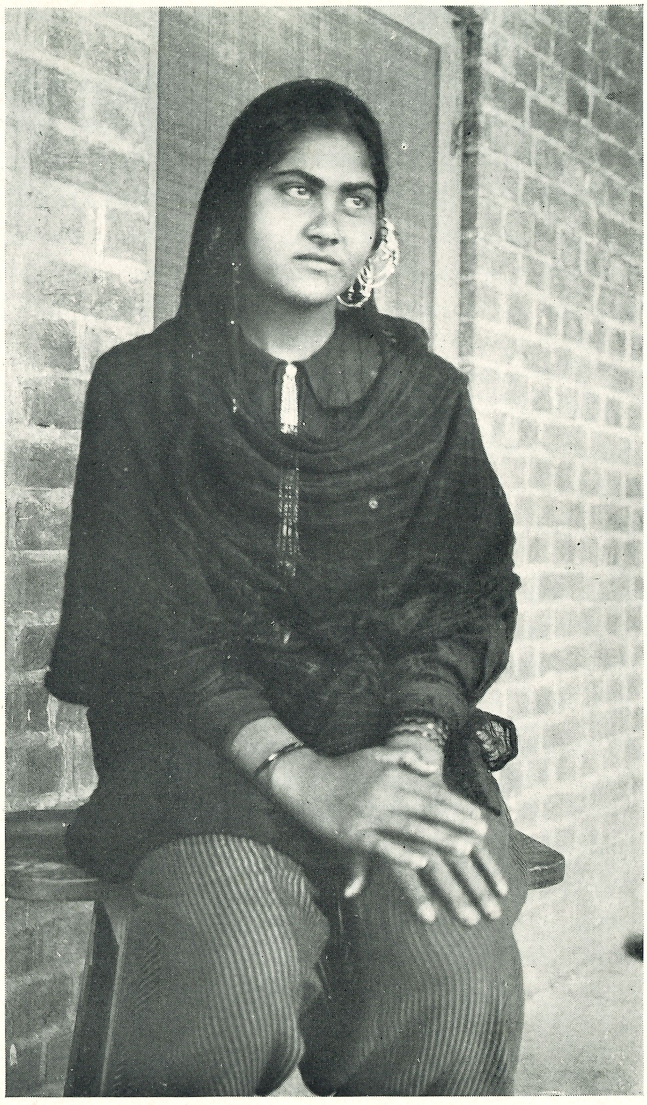
The MEDICAL MISSIONARY



Mohammedan Beauty. One of the many women who come to our dispensary.

Vol. II JUNE, 1929 No. 9

Palace of Propaganda,
Rome, May 14, 1929.

DR. ANNA DENGEL,
Superioress of the Society of
Catholic Medical Missionaries.

Dear Dr. Dengel:

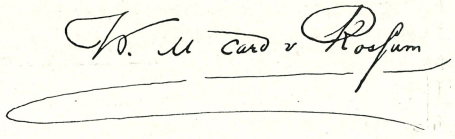
I was very pleased to receive a bound copy of your magazine "*The Medical Missionary,*" and I am very grateful for it. More than ever, this is the moment to extend as largely as possible the medical contribution to missionary work, not only for the good of the missionaries themselves who would live longer and do better and more work if they had the proper medical help and care, but also for the conversion of the pagan world.

The example of our divine Redeemer Who united Himself preaching with healing the sick and the word He spoke to the Apostles when He sent them forth preaching: Curate infirmos qui apud illos sunt, show clearly how necessary is your contribution to the great work of extending the Reign of Christ on earth.

I am really satisfied with the development your providential initiative has taken, and I hope that this progress will continue always more: the needs in this regard are immensely above the help of which we dispose. Your work will excite many young people to follow your example and to devote themselves to this apostolate.

With all my heart I bless your work, and I ask the divine Redeemer by the intercession of Mary Immaculate to give to this enterprise of supernatural charity the necessary support of divine grace so that the fruits may be more and more abundant.

Faithfully yours in Christ,



The MEDICAL MISSIONARY

Published with ecclesiastical approbation ten times a year by the Society of Catholic Medical Missionaries, Inc., Brookland, Washington, D. C., in the interest of Medical Missions and Women of the Orient. Subscription, $1 per year.

Editor: Dr. Anna Dengel

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EDITORIALS

LETTER FROM HIS EMINENCE, CARDINAL VAN ROSSUM, PREFECT OF PROPAGANDA

ON THE opposite page we publish a letter received on May 25 from His Eminence, Cardinal Van Rossum, Prefect of the Propaganda. It is not only an encouragement and spur to zeal and progress to the members of the Society, but also to our friends who cherish and foster the Medical Apostolate.

THE MISSION INTENTION FOR JUNE

The mission intention of the Apostleship of Prayer for the month of June has as its object the fostering of mission periodicals. The volume of fervent prayer that will rise to heaven from many hearts in all parts of the globe for this intention must certainly put courage and confidence and hope into the hearts of mission editors. The written or unwritten motto of every mission publication is "Thy Kingdom Come." This petition is part of the prayer of prayers taught by Our Lord Himself. It is one of the first we learned on our mother's knee—we repeat it every day—and we hope to utter it with our dying lips.

We can not love God without wishing Him to be glorified and honored and known as the King of all, and we can not truly love our neighbor without wishing to share with him the fruits of the Redemption. The desire, the longing, "Thy Kingdom Come" is the outcome of love of God and our neighbor. The wish is the mother of action. It begets ways and means. On account of the magnitude of the task, one of the necessary means is the enlisting of many sided cooperation through the printed word. If the average Catholic is blissfully ignorant of how the other half of the world lives, of the actual fruits of idolatry and fanaticism, of the missionary opportunities of our day, of the work done and to be done, of the heroism and daily unbloody martyrdom of thousands of missionaries, how can there be an army of faithful behind the lines who hold up the arms of the missionaries by prayer, that powerful support in their loneliness, struggle, poverty and disappointments? Who will provide the laborer in the vineyard with his daily sustenance and make it possible to erect tabernacles and to dispense the charity of Christ to every form of need and misery? Ignorance would be a double loss—a loss for those who can give their life, their prayers, their counsel, their means, their help in many ways, and a loss for the ignorant, suffering and poor. Comparing the two, it is said "It is more blessed to give than to receive." A mission publication is a necessary helpmate to the apostle on the field, presenting facts, figures, informing, enlightening and inspiring.

What may we hope from this campaign of prayer during the month of the Sacred Heart? Renewed conviction of the worthwhileness of efforts put into the printed word, more courage, new zeal to present the Cause in a stirring, interesting and pleasing way; the cooperation of the missionaries in the field, whose time is usually absorbed in their daily tasks, so that the extra work of writing articles requires real energy and zeal, even on the part of those whose thoughts flow easily into their pens, and, last but not least, may we not expect a veritable flood of renewals and new subscriptions. If every reader of this article would not get at least one new subscriber, we would be really disappointed. To develop the Medical Apostolate, to establish hospital and dispensaries, those outposts of Christian civilization in the Orient, we need the active cooperation of many. How can we expect it if our aims are not known? THE MEDICAL MISSIONARY is our messenger; it already goes to 42 states in the Union and to 22 foreign countries, but only in small numbers.

Please, dear reader, this month of the Sacred Heart, pray for the success of all mission publications, and may we put a prayer for ours on your lips: "May THE MEDICAL MISSIONARY contribute to the coming of Thy Kingdom! May it be the champion of the physically afflicted and a voice for our silent and long-suffering sisters of the East! May it foster vocations and may its words produce an echo of sympathy in the hearts of its readers. May THE MEDICAL MISSIONARY be entirely for the honor and glory of God and the good of our neighbor."

TWENTY-FIVE YEARS OF MEDICAL MISSION WORK

By Sr. Mary of the Sacred Heart (Mary Glowrey, M. D.)

ST. JOSEPH'S HOSPITAL began as a little dispensary in the corner of the convent veranda. That was 25 years ago. The Sisters, who as yet did not know Telegu, the language of the people here, dressed sores, administered simple remedies, and cared in particular for sick babies. Their care for the little ones soon won the confidence of the people, and many who were at first afraid of the white faces began to come for help.

The Sisters soon saw that one of the greatest needs was the care of maternity cases. Women will not accept the help of a medical man, and in their hour of great est need they were left to the barber midwife who carried out her work according to time-honored methods. Such midwives will do and dare anything. The cost in human life is appalling. To meet this need the Sisters sent Indian nuns to train in midwifery, and when shortly afterwards they were offered posts as nurses in the local government hospital they gladly accepted.

Sister Mary of the Sacred Heart took her medical degree at the University of Melbourne, Australia. She was led to the Medical Mission career by Dr. Agnes McLaren's example and also by the late Archbishop Aelen's (Madras) stirring appeal for women doctors for India. Sister Mary of the Sacred Heart is a member of the Order of Jesus, Mary and Joseph, and is allowed to practice the profession of medicine in its full scope "in bonum animarum."

There was no medical woman on the hospital staff, so the maternity and gynaecological work devolved entirely on the Sisters. It was difficult work, too, for Indian women were unaccustomed to hospitals and only sought hospital treatment when all other means had failed. Patients were therefore in a critical condition before they reached the hospital. It often happened, and still happens, that the poor woman arrived there dead.

Despite these difficulties, results were remarkably good. Many a woman was snatched from the jaws of death. Women began to value the hospital. To be sure many did not feel at home at first. The hospital was too white and clean, they said. At home a mother is placed in the darkest and dirtiest corner available, and every little hole and crevice is stuffed to prevent the entrance of air. The woman is not allowed to sleep by day, and during the whole period of confinement may not take a sup of water. Indeed, for her the word confinement must be taken in its literal meaning. It was the marvelous freedom that won the day for the hospital. Women who had known the comfort of the hospital, and had enjoyed a beaker of cool water on a scorching day, refused to face the horror of another confinement at home. Before the Sisters took charge of the maternity wards the greatest number to avail themselves of the hospital in any one year was 12. During the Sisters' first year it reached 36. Year by year the number increases, until last year it reached 1,236!

Another class of sufferers won the sympathy of the Sisters. These were the incurable, who can not gain admission into any hospital and whose lot in the villages is such that many, in the hope of ending their misery, jump into a well. If these could but be gathered under a Catholic roof, surely many of them as they lost their hold on the things of earth would learn to know and trust their Father in Heaven.

With the idea of establishing a hospital for incurables, Reverend Mother Stanislaus, then Superior of the mission and now Superior General of the Congregation, applied to the government for the grant of a plot of ground adjoining the convent. In this plot she buried a little statue of St. Joseph. The application was refused. The land was used by the police. Years passed. All hope of getting the land was given up when, without further application, it was ceded to the convent for the purpose of establishing a hospital for incurables, said to be the first and only hospital for incurables in India with its population of 320 millions.

Meantime the Sisters of Jesus, Mary and

Joseph had been joined by Dr. Mary Glowrey, of Melbourne, who made her final vows in 1924 under the name of Sister Mary of the Sacred Heart. The dispensary work and work in the villages increased considerably. St. Joseph's Hospice, which had long been a-building (for everything in India moves slowly except a funeral), was ready at last, and the first patient was admitted in March, 1927. She soon expressed a desire to become a Christian, and was baptized on March the 25th. She was given Extreme Unction at the same time.

An hour later her brother came and asked to take her home so that she might die in her own village. Could we let her go? We wondered. Would her faith be strong enough to resist her heathen relatives and refuse all heathen charms and spells? We decided to leave her in the care of her Guardian Angel. As we went to her bedside her husband turned to us and said: "She has gone to Our Lord." Puzzled, we looked at Mariamma, who lay with her hands clasped on her breast. She was dead.

"What has happened," we asked in surprise, for such a sudden end had not been anticipated.

"She talked to me, telling me to be a good wife and mother," replied her daughter. "Then, raising her hands, she cried out: 'Our Lord has come to take me. Lord! Lord! I am coming,' and she went."

The following morning Josephinamma, our second patient, likewise a convert, followed Mariamma to heaven. The relatives of our third patient urged her to go home. She would not. So they spread the report that the hospital was haunted by the ghosts of Mariamma and Josephine.

Then began a difficult time. Most of our patients, startled by strange rumors, ran away or were carried away at dead of night. It was not till several months later that we obtained permission from the government to admit "curable" patients and use the ground for all hospital purposes. When a few Indian babes had opened their eyes to the light in St. Joseph's Hospital, the ghosts were laid.

In the few remaining months of that year 460 patients were admitted to the wards. Last year (1928) the number of inpatients was 874. The number of outpatients averaged about 40,000 per year. In the past two years there have been 80 adult converts baptized in the hospital. During the past few months a group of 40 grown-up converts, led by a little child, one of our hospital patients, was baptized. In an outlying village 100 neophytes were baptized. These, too, owe the faith almost directly to the hospital, whither they had come with their sick for years. They knew no priest, and when grace prompted them to embrace Christianity they sent a deputation of 16 men (not counting the women and children) to ask how they could enter the fold. In this and in neighboring parishes there are now many families under instruction who owe their knowledge of Christianity simply to the fact that one or other of the womenfolk has been an inmate of the hospital.

The hospital and dispensary work, combined with their work in the villages, has given the Sisters an opportunity of preparing many little angels for heaven. In their first year they were happy in having baptized 12 dying infants. Before the bells rang for the Silver Jubilee of the mission (February 24, 1929) this number had exceeded 25,000. With so many little advocates in heaven we may surely hope for God's blessing on our work and on our benefactors; we may hope, too, for the gift of faith for those near and dear to these little ones. We see signs that their intercession is not in vain. The seed of faith is beginning to bear fruit in what appeared to be very unfruitful soil. In the past four years the number of adult baptisms in this parish has exceeded 1,000.

Our hospital work is growing. Patients of all kinds come, but there is one class which is coming in ever-greater numbers, the childless mother. At present we have among our patients women who have lost 3, 6, 8 and even 13 babies. Many another woman comes hugging close her babe, the only one left out of 8 or 9 or 10. "Save my baby" is the cry from many an aching heart. "Save my baby." Thus plead the mothers with tear-dimmed eyes, and if the child be not at its last gasp, as it often is (though the fond mother refuses to see this), we try our best. One morning a mother came with her babe because it would not cry. The little one was dead, but love had kept its mother blind.

Too often it is impossible to save the poor little mite that is writhing in agony, purchasing dearly enough its right to its heavenly home. For this reason a ward has been set apart for the ante-natal treatment of childless mothers. Over and over again we have had the happiness of seeing them embrace a bonny healthy babe. This work, too, is costly.

There is one great want that often makes me imagine myself in the drought-stricken Wimmera. It is the lack of water supply. We have a pipe laid on from the municipal supply, but at best it gives only a trickle, and the supply is turned off during the greater part of the day. Besides the source is so low that we have to go down steps into a pit about six feet deep in order to reach the tap. It is impossible therefore to have pipes laid on to any part of the hospital. Our second source of supply is a well in the convent compound about 100 yards away. This well has to supply the needs of about 300 people. So when the Sisters or the children who are helping us go to the well for water, they often have to wait long because only one pot can be put down at a time. The water is 60 feet below ground level, so it is hard work pulling up the full pot. Then buckets must be filled and carried back to the hospital. If only we had a windmill!

Just now I was reminded of something. Father McArdle, of the Chinese Mission, received a generous donation from a young priest. Shortly afterwards that priest called on him and said he had come to offer something for the mission.

"You have already given much; how can you give more?" asked Father McArdle.

"I did not come to offer money," replied His Reverence, "I came to offer myself."

Perchance this may meet the eye of someone who will do likewise.

THE SOCIETY AT HOME AND ABROAD

His Eminence, Cardinal Van Rossum, Prefect of the Propaganda, who sent his blessing to the Society.

MAY 17, the fourth anniversary of the canonization of the Little Flower, was a day of special joy at the Medical Mission House, because four candidates were invested with the garb of the Society: Dr. Dorothy Finnigan (dentist); Miss Frances Herb, R. N. (Sister M. Frances); Miss Catherine McCardle, R. N. (Sister M. Theresa), and Miss Helen Herb, R. N. (Sister M. Helen).

We are very grateful to Rev. John Delauney, C.S.C., who gave the Retreat which preceded the event and also preached the sermon at the ceremony at which Rt. Rev. Monsignor Thomas, the Archbishop's delegate for religious orders of women, presided, assisted by V. Rev. Michael Mathis, C.S.C.

Washington's roses were at their best in the middle of May, which made it possible for us to decorate the little shrine of the new patroness of missionaries, on the anniversary of her canonization, with a profusion of beautiful and fragrant specimens, which we hope she exchanged for roses from heaven for our friends and our members.

On Corpus Christi we had the unexpected pleasure of welcoming the V. Rev. Mother General of the Franciscan Missionaries of Mary and her companion from Rome. The Editor is well acquainted with the order, having been in charge of a hospital for women and children conducted by the Franciscan Missionaries of Mary in India. Rev. Mother Michael is the Mother General of a community of 5,000 nuns in all parts of the globe. Wherever the Franciscan missionary in her white habit goes, the Blessed Sacrament is exposed the whole, or at least part, of the day in the midst of pagan surroundings, and good works are started: schools, orphanages, hospitals, dispensaries, homes for girls, for widows, technical schools, leper asylums and plague camps, etc.

Although a young order, it already claims the privilege of having seven martyrs who gave their lives for their faith during the Boxer rebellion in China. When the Mother Foundress, then still alive, received the news, she exclaimed "My seven joys and my seven sorrows."

In April, Sister Agnes Marie wrote: "We are very busy just now doing considerable surgery. Every now and then we have to do two major and perhaps several minor operations in one day. It is different here from home. You have to take them when they want to come or they will go elsewhere. We like surgical cases because they are so much more satisfactory than medical ones.

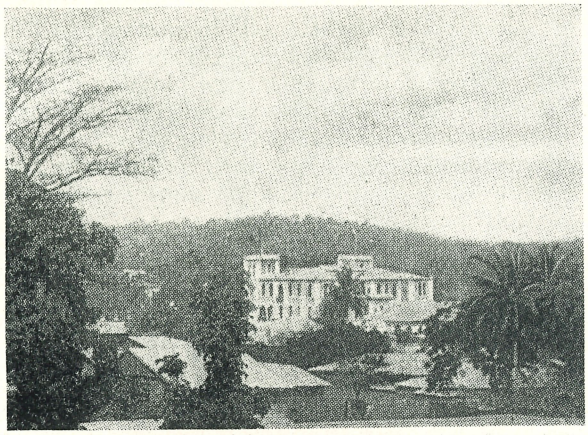
"It is funny. A perfect stranger will come to the dispensary bringing with her her bedding, pots and pans and relatives galore. She will plank herself down and say: 'I have a gola (ball) inside and have come to be operated this p. m.' From that we know that at least four or five doctors have told her that she needs an operation. Doctor examines her and if she finds her an operable case, says, 'Alright, we will do you as soon as possible.' If we were to put it off a few days, she might change her mind. You are never sure of them until you have them sound asleep on the table.

"We have a patient who is one of three wives. They are Mohammedans. One wife stays with the patient here in the hospital and the third comes to visit the other two. The husband says that he will not marry a fourth on account of the upkeep. Their religion allows four wives."

NEW CANDIDATES

Left to right: Sister M. Frances (Miss Frances Herb, R. N.), Sister M. Helen (Miss Helen Herb, R. N.), Doctor Dorothy Finnigan (dentist), and Sister M. Theresa (Miss Catherine McCardle, R. N.).

MEDICAL MISSION NOTES



Sacred Heart Hospital, Abeokuta, South Nigeria, Africa, built and maintained through the efforts of Rev. Father Coquard.

AFRICAN MISSIONER HONORED

ABEOKUTA, NIGERIA. — Father Jean Marie Coquard, a 70-year-old member of the African Missions of Lyons, has been appointed by King George V an officer of the Order of the British Empire, and by the native ruler of Eghaland, Nigeria, a native chief, with the title of Adahunsko, or Royal Physician-in-Ordinary.

In each case the honor has been conferred in recognition of Father Coquard's 38 years' missionary and medical work in Nigeria, where he founded the Sacred Heart Hospital at Abeokuta, as well as a leper settlement and a Catholic midwifery and child welfare institute.

NEW MEDICAL MISSION MAGAZINE

In January of this year the first number of a new quarterly Medical Mission periodical entitled *L'Aide Médicale aux Missions* (medical aid to the Missions) appeared in Belgium. (Sécrétariat Général, 66, Avenue de Cortenberg, Bruxelles, Belgique.) It is published by a committee composed of honorary members, whose president is His Excellency, Msgr. Micara, Apostolic Nuncio, and of medical members whose honorary president is Dr. Wibo, of Brussels. The object of the committee is to multiply medical centers wherever there are Catholic missions in the Belgian colonies and to provide them with doctors, nurses, midwives, etc., and also to provide the means for the work.

The auxiliaries of the organization, whose president is Her Highness Princess Eugène de Ligne, procure the dressings, linens, vestments, etc. The organization has already seven medical centers which are in charge of four Belgian and two Hungarian doctors, the latter members of the Hungarian Medical Mission Institute (Budapest), and a trained Belgian nurse.

The first doctor sent by the organization, Dr. Detry, a graduate of the University of Louvain, left for the Congo in March, 1927. During the first eight months he visited a great number of villages and examined and reported on 9,746 natives, of whom 547 were suffering from sleeping sickness. Besides sleeping sickness, he found that acute pulmonary diseases, worms and phagedenic ulcers were the most common diseases. Unfortunately, Dr. Detry was attacked by sleeping sickness himself and had to go home temporarily; it is hoped that he will recover completely, the disease having been treated from its early stages.

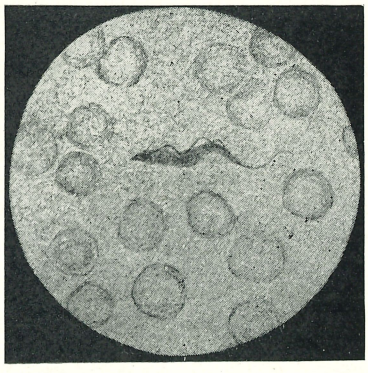
We wish the new organization and the new publication great success. *Ad multos annos!*

SLEEPING SICKNESS—ONE OF THE SCOURGES OF AFRICA

The picture shows a trypanosome in the blood in a case of sleeping sickness. This scourge of Africa is spread by the tsetse fly (*Glossina palpalis*), whose favorite habitat is in and around dirty native camps in the vicinity of rivers and swampy places. Careful observers have found that the fly bites most viciously during the heat of the day.

The conditions set up by the parasite differ. In typical cases the skin gets harsh and dry and there is a papular eruption. Anemia, oedema, headache, irregular fever, drowsiness, torpor, tremors and convulsions are also seen. Arsenical, antimonial and mercurial compounds and other remedies are used in the treatment of it. Preventive measures aim at attacking the fly, to protect healthy people and to prevent infected persons from becoming a menace to others.

An important factor is the instruction of the natives, as without their cooperation not much progress can be expected. At present an active campaign is carried on by European doctors in Africa against sleeping sickness which in places has decimated the population during the last two decades.



Creighton Wellman

Blood from case of Sleeping Sickness.

ON GETTING BURIED IN INDIA

By Dr. Joanna Lyons

HERE is a cheerful title for you! But it is not a very good one, because in India the great majority of the people are Hindus, who are not buried properly at all, according to our notions, because they are burned and the ashes are cast into rivers.

I presume that every caste has variations of the funeral rites as they have differences in many domestic matters of the sort. But an elaborate and more or less rigid ceremonial is laid down, which is followed according to the orthodoxy and means of the relatives of the late lamented one. I could not dream of entering into any discussion of these rites, but shall only tell of a few incidents and impressions which have come my way here.

One of the first things that strikes a newcomer out here is the rapidity with which people are buried once they are dead. Even Europeans are buried a few hours after death. In times of epidemics this is very marked. A priest was telling me that during a cholera outbreak he once conducted the funeral of a soldier late in the evening and early the following morning performed a similar service over one of the men who the night before formed part of the firing squad for his dead comrade. The one thing that delays them even so long is the necessity of having a coffin made. Apparently nobody is expected to die in India—at least in this part—because there are never any coffins ready. Why, it is hard to tell—perhaps if they were stored away the white ants would eat them—or perhaps people are more particular as to fit, and insist upon custom-made coffins.

But to go back to the Hindus. I had a hand in an interesting case once in a home here. There were in attendance four doctors, a nurse and two midwives. Need I add that the lady died? We gathered up our things and passed out through the enclosed courtyard of the home which was already filled by a crowd of women of all ages who made a really Oriental scene—tearing their hair, beating themselves and rending their garments. Sometimes with this there goes a sort of irregular chant, telling of the goodness or the misfortunes of the dead or, if they are rich, of all the pleasant things they have left.

Immediately after death, the body may be bathed, dressed in clean garments and placed upon a little wooden platform. The eyes are opened widely and edged all around with a border of antimony—a densely black substance which people here commonly blacken their eyelashes with. Over it is a gay-colored cloth and stuck about are various bright-colored little banners. Thus, accompanied by a straggling crowd of men relatives and friends, the body is borne to the burning place on the bank of some stream and promptly consigned to the flames.

I have not seen a Mohammedan funeral, but I know they are great people for graveyards, which abound in Mohammedan districts. Also, they have an off-hand habit of burying somebody in a large, strong tomb of masonry in the middle of a field, or in the yard, or by the roadside. Some of these tombs are greatly esteemed and in time are regarded as shrines. For instance, this week I had occasion to go to the civil hospital here and I observed one of these tombs in the yard with a couple of lamps placed before it. It is the grave of a watchman who was killed in the performance of his duties. The civil surgeon had him buried there and now people begin to consider this a holy place.

The Parsi people who, by the way, are exactly like our Jewish people in everything but color, can look forward when they die to being placed on towers specially built for this purpose and being devoured very quickly by vultures which sit in the trees about these towers, waiting for them.

There was an old retired servant who, with his old wife, lived here in the Sisters' compound. If he had a name, nobody seemed to know it, for he was called Buddha and his wife Buddhi, signifying "old man" and "old woman." Once in so often the old chap would become ill and threaten to die, but in a few days he would be tottering about again on his thin old legs and making profound salaams to all the Sahib-log, which means the white people. However, one afternoon he did slip away and before night he was on the way to the Catholic cemetery, lying on a string bed carried by four men. Buddha brought nothing with him into this world and when he left it he took with him, as far as the grave, a rosary, a sheet, a pair of white stockings and four safety-pins. But before the brown Punjab earth received him and his sheet he had had the Sacraments and the parish priest blessed his grave and read over him the same words which we hope will be read over all of ours, so what did it matter?

Dr. Anna Dengel,
Catholic Medical Mission House,
Brookland, D C..

Dear Dr. Dengel:—Enclosed please find my subscription (or the subscription of a friend) $_____ to "The Medical Missionary" as my share in the fostering of mission publications in the month of June.

Name _____ *Street* _____

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$1.00 *for One Year.*